MANAGEMENT OF **ADHD** AND **SUD** IMPLEMENTATION OF A GUIDELINE

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ADHD and SUD: implementation of a guideline

2008 - 2010	• The development of the guideline • Barriers for the implementation
2011 - 2014	• Dissemination of the recommendations • Training of the care givers
2014 - 2016	• A manual for the treatment of ADHD and SUD • Update of the guideline
2017 - ?	• Moving towards a European guideline ?

2008 - 2010

Grounds and reasons for this research

- high prevalence
- symptoms of ADHD interfering with those of substance abuse
- in addiction care ADHD is often unrecognized
- little research data
- SUD is often an exclusion criterion in research
- current guidelines not useful in this population (advise = treating SUD first)

Prevalence

ADHD in children	3 – 6 %
ADHD in adults	1,5 – 4 %
ADHD in adults with SUD	13 – 23 %

Arias, 2008; Van Emmerik 2013

Probability of developing a SUD	
Child without ADHD	27 %
Child with ADHD	52 %

Biederman,1995

Earlier onset, faster evolution to problematic use, pronounced ADHD symptoms, with less chance for recovery

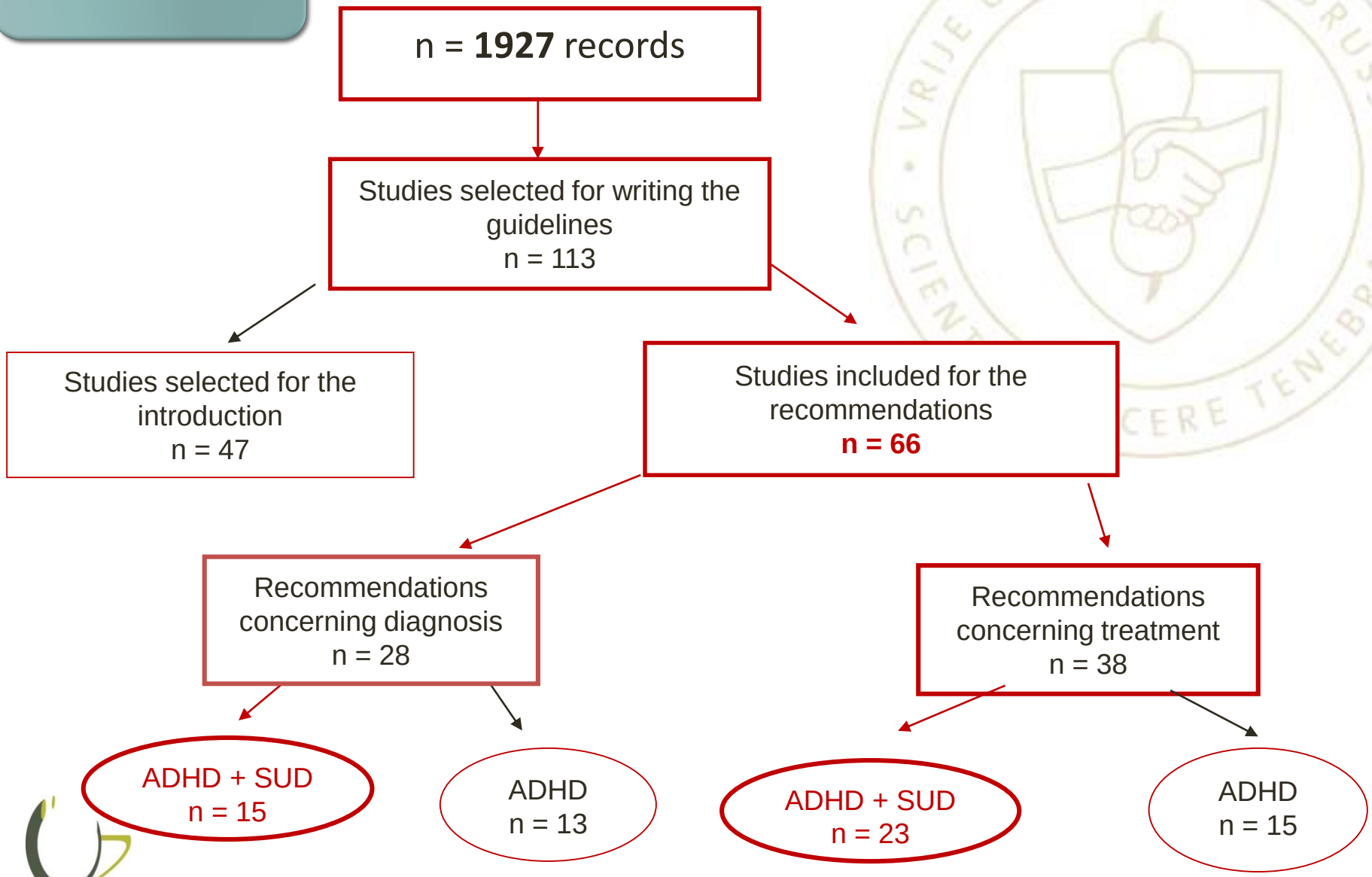
Wilens,2004

	gen. popul.	ADHD
Alcohol use disorder	10 %	17-45 %
Drug use disorder	1 %	9-30 %

WHO,2012; Wilens,2007; Kaye,2013

2008 - 2010

Research data are scarce



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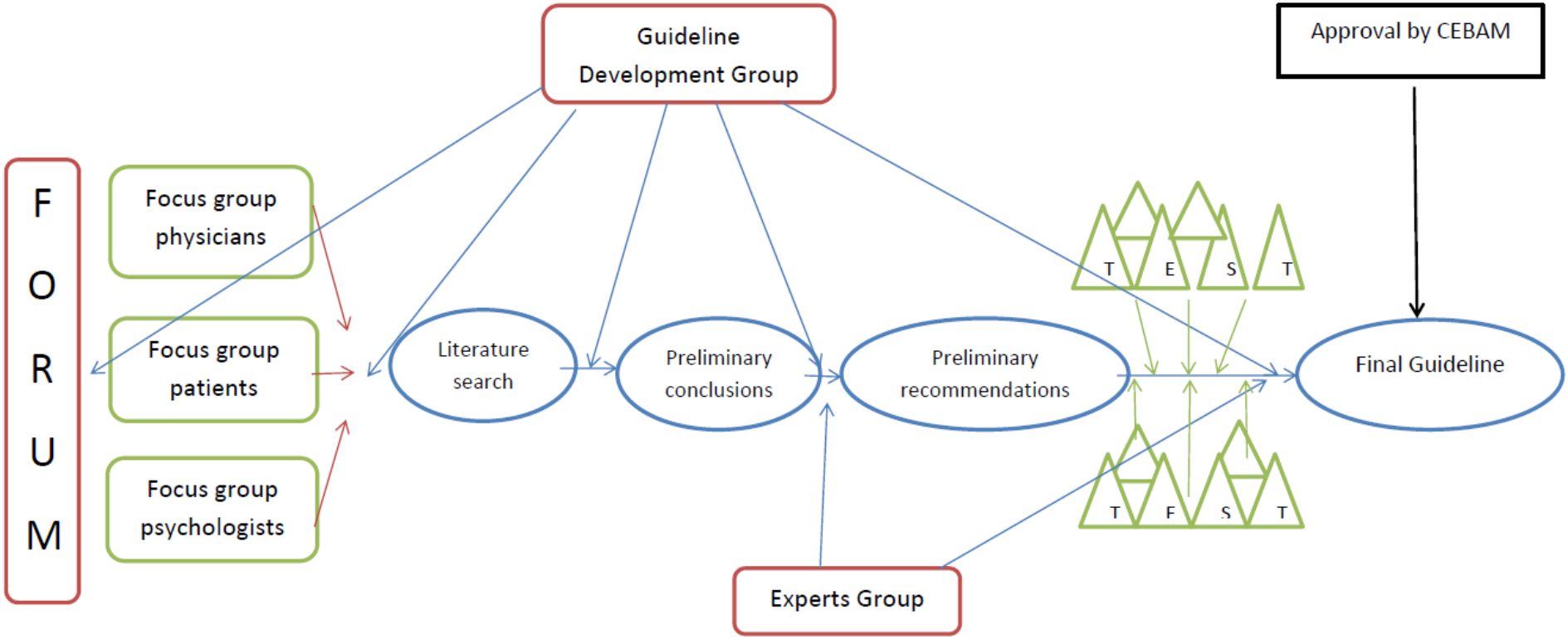
2008 - 2010

Research data are scarce

- Good diagnostic tools but not validated in this population
- Questions about gender and SES, only in ADHD patients without SUD
- No answer to the main question: “required duration of abstinence”
- Research on pharmacological treatment but limited effect
- No research on non-pharmacological treatment in this group
- **Conclusion**: many recommendations only achieve level **D**

2008 - 2010

Development process



Guidence committee of the Federal Public Service **HEALTH, FOOD CHAIN SAFETY AND ENVIRONMENT** of Belgium

2008 - 2010

Good Clinical Practice in the Recognition and Treatment of ADHD in (Young) Adults with Addiction Problems

Guidelines for Clinical Practice

Association for Alcohol and Other Drug Problems - Forum for Addiction Medicine

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2011 - 2014

Effectivity of a guideline

Development strategy

- Scientifically based
- Close to the practitioners

Dissemination strategy

- Publications local and international
- Specific educational interventions
- Continuous education

Implementation strategy

- Reminder on organisation level
- Patient specific reminder at clinical visit (in patient file)
- General and repeated feedback

2011 - 2014

Barriers for the implementation

Physicians

- unable or unwilling to recognize the diagnosis
- Fear of criticism from colleagues
- Fear of overdiagnosis

Care

- Time Consuming
- Hard to refer within addiction care
- Hard to accept within addiction care
- Outpatient care is not always enough
- Price of the medication

Patiënt

- Pressure from patients and environment to be diagnosed
- No information from childhood
- Patients: volatile and difficult to manage

IMPLEMENTATION

Guideline

- The diagnostic criteria are too strict
- Absence of validated instruments
- Duration of abstinence clear

Little scientific evidence in this group

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2011 - 2014

Dissemination and implementation

- About 40 physicians and psychologists, working in addiction care, are trained in screening, diagnosis and treatment of ADHD in SUD patients
- An evaluation study is in progress to measure the impact of training on the attitude and practice of health care providers
- A manual for the integrated treatment of ADHD and SUD is being developed

2014 - 2016

An update of the guideline

- Our literature was completed in April 2009
- There are new research data; there is more research now in this population
- ICASA is a good example
- Also in the field of biological treatment there are new approaches: Modafinil ? rTMS ?
- The update is approved by CEBAM in 2016

2014 - 2016

A manual for the treatment of ADHD and SUD

- Part 1: The recommendations of the guideline
- Part 2: Adapting the addiction treatment to the ADHD symptoms
- Part 3: Modular treatment guide
- Part 4: Worksheets

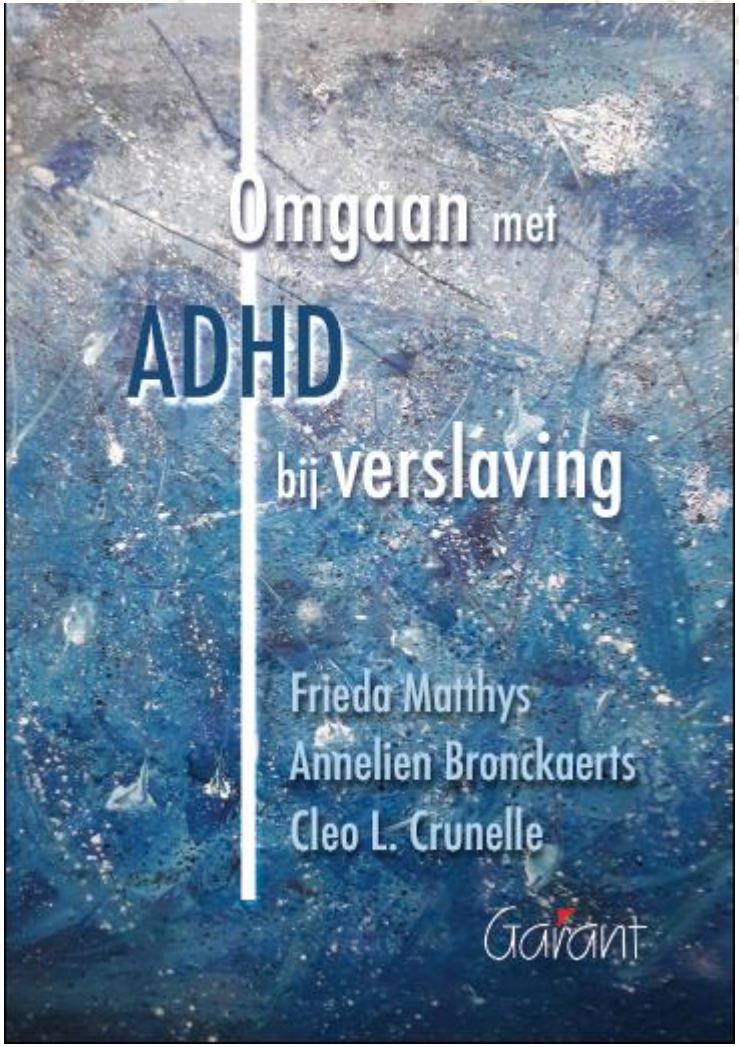
2014 - 2016

A manual for the treatment of ADHD and SUD

1. **Adapting the addiction treatment to the ADHD symptoms**
2. **Solid and fixed structure for each session of the treatment**
3. **Startup of the treatment**
   a. Stabilizing the substance use
   b. Accepting the diagnosis (both SUD and ADHD
   c. Psychoeducation
   d. Involving family members and spouse
4. **Skills training**
5. **Therapy based on multiple conceptual frameworks**

2014 - 2016

A manual for the treatment of ADHD and SUD



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2017 - ?

A European guideline ?

- We have updated the data in the scientific literature
- The guideline is approved and will be translated in English
- The members of ICASA will work together to develop an European guideline
- The organization of care and the health insurance are different in each country
- Therefore the recommendations also should be different, adapted to each region and in according with local agreements and rules

ICASA
INTERNATIONAL COLLABORATION ON ADHD AND SUBSTANCE ABUSE

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